

POSITION	ID NO.	DATE
CLASSIFIER	40	10-19-94
EXAMINER	Q87	11/4
TYPIST	33S	1-11-95
VERIFIER	(123)	11-11-95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	KJ	11/19/94
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 (1) ✓	
2 2	
3 3	
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SYMBOLS

- Rejected
- Allowed
- (Through number) Cancelled
- Restricted
- Non-elected
- Interference
- Appeal
- Objected

Claim	Date
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